PATENT	APPLICATION	FEE I	DETEF	RMINATION	RECORD
	Effortis.		.b 4	0004	

Application or Docket Number

Effective October 1, 2001							0 (6891-084/					
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY				
TC	OTAL CLAIMS		24	;				RATE	FEE		RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS		33 minus 20=		* 13			X\$ 9=		OR	X\$18=	234	
INDEPENDENT CLAIMS /9 minus			nus 3 =	*	iu /		X42=		OR	X84=	1344	
MULTIPLE DEPENDENT CLAIM PRESENT						+140=	-	OR	+280=	280		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	2798	
CLAIMS AS AMENDED - PART II							SMALL I		OR	OTHER SMALL		
\Box		(Column 1) CLAIMS		(Colui		(Column 3)	1	SINACE	ADDI-		OWALE !	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
NOW	Total	· 32	Minus	** 3	3	= 4		X\$ 9=		OR	X\$18=	
AME	Independent	· 18	Minus	*** / C	7	<u> -0</u>		X42=		OR	X84=	
<u> </u>	FIRST PRESE	NTATION OF M	ULI IPLE DEI	PENDEN	CLAIM			+140=.		OR	+280=	
							1	TOTAL		OR	TOTAL	
		(Column 1)		(Colu	mn 3)	(Column 3)	•	ADDIT. FEE			ADDIT. FEE	
AMENDMENT B		CLAIMS	70 1850	HIGH	EST		1		ADDI-	ı		ADDI-
		REMAINING AFTER AMENDMENT		NUM PREVI PAID		PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	CL AIM	=		X42=		OR	X84=	
_	T MOT TREE	WATER OF IM	JETH CE DEI	LINDEN	CLAIN		۱ ۱	+140=		OR	+280=	
								TOTAL		OR	TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3)	•	ADDIT. FEE			ADDIT, FEE	
<u></u>	· · · · · · · · · · · · · · · · · · ·	CLAIMS	1777	HIGH	EST		1 6		ADDI-			ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
	Total	*	Minus	**		=]	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=-	lt	X42=			X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					J }	7112		OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							l	+140=		OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												

FORM PTO-875 (Rev. 8/01)

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The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.